



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090000013

CITY OR TOWN NORTHAMPTON

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HAMPSHIRE FRANKLIN & HAMPDEN AGRICUL. SOCIETY

DOING BUSINESS AS THREE COUNTY FAIR

ADDRESS FAIR ST.

CITY/TOWN: NORTHAMPTON

STATE: MA

ZIP CODE: 01060

MANAGER: SHALLCROSS,
BRUCE R.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BEER HALL IN FAIRGROUNDS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090000043

CITY OR TOWN NORTHAMPTON

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 26-28 CENTER STREET LLC

DOING BUSINESS AS

ADDRESS 26-28 CENTER STREET

CITY/TOWN: NORTHAMPTON

STATE: MA

ZIP CODE: 01060

MANAGER: SUHER, ERIC

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTIRE LOWER LEVEL OF BLDG. W/ TWO ENTRANCE/EXITS TO OUTSIDE AND EXITS TO UPPER LEVEL. PRIVATE RECEPTION AREA ADJACENT TO PERFORMANCE SPACE ON UPPER LEVEL. STORAGE ON LOWER LEVEL.

I hereby certify and swear under penalties of perjury that:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090000049

CITY OR TOWN NORTHAMPTON

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PINE GROVE GOLF CLUB INC.

DOING BUSINESS AS

ADDRESS WILSON RD.

CITY/TOWN: NORTHAMPTON

STATE: MA

ZIP CODE: 01060

MANAGER: VERRILLO, GIL

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM ON FIRST FLOOR, STORAGE IN CELLAR.

I hereby certify and swear under penalties of perjury that:

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(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090000075

CITY OR TOWN NORTHAMPTON

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HAMPSHIRE, FRANKLIN & HAMPDEN AGRICULTURAL
SOCIETY

DOING BUSINESS AS

ADDRESS 3 COUNTY FAIRGROUNDS

CITY/TOWN: NORTHAMPTON

STATE: MA

ZIP CODE: 01060

MANAGER: SHALLCROSS,
BRUCE R.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

INFIELD LOCATION, BRIDGE AND FAIR STS

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090000082

CITY OR TOWN NORTHAMPTON

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VERACRUZ FOODS, INC

DOING BUSINESS AS VERACRUZANA

ADDRESS 31 MAIN ST

CITY/TOWN: NORTHAMPTON

STATE: MA

ZIP CODE: 01060

MANAGER: HOOD, SUNIA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2000 SQ FT ON FIRST FLOOR WITH 50 SEAT DINING AREA, KITCHEN AND RESTROOMS. BASEMENT
OF EQUAL SPACE FOR STORAGE. ENTRANCE IN FRONT, EXIT IN REAR

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090000096

CITY OR TOWN NORTHAMPTON

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SATIAN, INC.

DOING BUSINESS AS SIAM SQUARE

ADDRESS 84 PLEASANT STREET

CITY/TOWN: NORTHAMPTON

STATE: MA

ZIP CODE: 01060

MANAGER: ZIVASATIANRACHTYPE OF LICENSE: Restaurant
, NAVAPORN

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090000112

CITY OR TOWN NORTHAMPTON

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FRANK NEWHALL LOOK MEMORIAL PARK, INC

DOING BUSINESS AS PINES THEATER

ADDRESS 00300B NORTH MAIN ST

CITY/TOWN: NORTHAMPTON

STATE: MA

ZIP CODE: 01062

MANAGER: LARKIN, JILIAN

TYPE OF LICENSE: General on
premise

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

OUTDOOR AMPHITHEATER WITH SEATING FOR 2300 PEOPLE

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090000126

CITY OR TOWN NORTHAMPTON

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAMES LAING

DOING BUSINESS AS NO. 40 GREEN STREET LUNCH

ADDRESS 40 GREEN STREET

CITY/TOWN: NORTHAMPTON

STATE: MA

ZIP CODE: 01060

MANAGER: LAING, JAMES

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STAND ALONE RESTAURANT OF 750 SQ FT WITH 250 SQ FT OF KITCHEN AREA WITH AN EXIT AND DINING ROOM OF 500 SQ FT WITH FRONT DOOR...OUTDOOR SEATING AREA AS INDICATED ON FLOOR PLANS SUBMITTED

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090000132

CITY OR TOWN NORTHAMPTON

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: D.P.Z., INC.

DOING BUSINESS AS MISS FLORENCE DINER

ADDRESS 99 MAIN STREET, UNIT B

CITY/TOWN: NORTHAMPTON

STATE: MA

ZIP CODE: 01060

MANAGER: ZANTOULIADIS, JOHN D.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR DINER LOCATED AT 99 MAIN STREET, UNIT B, FLORENCE, MA WITH APPROX 5,725 SF ON SAID FIRST FLOOR. THERE ARE THREE EXITS AND FULL STORAGE SPACE IN BASEMENT.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090000133

CITY OR TOWN NORTHAMPTON

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WASHUT & WARE LLC

DOING BUSINESS AS JAKE'S RESTAURANT

ADDRESS 17 KING STREET

CITY/TOWN: NORTHAMPTON

STATE: MA

ZIP CODE: 01060

MANAGER: WASHUT,
ALEXANDER

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR DINING...DOUBLE DOOR ENTRANCE..IN A SMALL DINING ROOM WHICH SEATS 19 GUESTS...MAIN DINING SEATS 32 GUESTS WITH COUNTER SEATING FOR TEN GUESTS...

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090000134

CITY OR TOWN NORTHAMPTON

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLIVE JUICE COMPANY

DOING BUSINESS AS GRUB SANDWICH SHOP

ADDRESS 88 PLEASANT STREET

CITY/TOWN: NORTHAMPTON

STATE: MA

ZIP CODE: 01060

MANAGER: MARTINEZ,
DANIEL

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE FLOOR RESTAURANT WITH COUNTER AND ONE MAIN FRONT ENTRANCE WITH A BACK
EMERGENCY EXIT

I hereby certify and swear under penalties of perjury that:

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